



Township of Upper Southampton  
 939 Street Road  
 Southampton, PA 18966  
 215-322-9700

**\*\* OFFICE USE ONLY \*\***

Date Received: \_\_\_\_\_  
 Permit No.: \_\_\_\_\_  
 Project No.: \_\_\_\_\_  
 Total Permit Fee: \_\_\_\_\_

**APPLICATION FOR BUILDING PERMIT**

**I. PROPERTY INFORMATION**

Municipality: \_\_\_\_\_ Development: \_\_\_\_\_  
 Proposed Work Site Address: \_\_\_\_\_ Tax Parcel ID: \_\_\_\_\_  
 Property within Floodplain: \_\_\_\_\_  
*(market value can be taken from tax records or certified appraiser)*  
 If yes, what is the market value of the property: \_\_\_\_\_

**II. CONTACT INFORMATION**

Applicant Name: \_\_\_\_\_ email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner: \_\_\_\_\_ email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_ PA License: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Person in Charge of Work: \_\_\_\_\_ email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Design Professional in Responsible Charge: \_\_\_\_\_ PA License: \_\_\_\_\_  
 Person in Charge of Work: \_\_\_\_\_ email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**III. APPLICATION TYPE**

Residential       Non-Residential  
 One-Family      Change of Use  Y  N  
 Two-Family      Existing Use:  
 Manufactured      Proposed Use:

**V. CONSTRUCTION DATA**

No. Stories Above Grade: \_\_\_\_\_ Basement  Y  N  
 Construction Sq. Ft: \_\_\_\_\_  
*(Including other permit costs)*  
 Total Cost of Construction: \$ \_\_\_\_\_  
*(Copy of Signed Contract Required)*

**IV. PROPOSED CONSTRUCTION**

<input type="checkbox"/> New Building	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Fire Suppression
<input type="checkbox"/> Addition	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electric Service
<input type="checkbox"/> Deck	<input type="checkbox"/> Electrical	(Complete Sec. VII)

**VI. OTHER PERMITS**

<input type="checkbox"/> Mechanical	\$ _____	No. of Appliances: _____
<input type="checkbox"/> Electrical	\$ _____	No. of Devices: _____
<input type="checkbox"/> Plumbing	\$ _____	No. of Fixtures: _____

**VII. ELECTRIC SERVICE**

<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		<input type="checkbox"/> New Service <input type="checkbox"/> Upgrade Existing <input type="checkbox"/> Other:		
<input type="checkbox"/> PPL <input type="checkbox"/> UGI <input type="checkbox"/> PECO <input type="checkbox"/> MET ED <input type="checkbox"/> Other:		Work Permit No.:		<input type="checkbox"/> Overhead
Meter No.:	Phase:	Voltage:	Amps:	<input type="checkbox"/> Underground

**VIII. DESCRIPTION OF WORK**


**IX. APPLICANT'S CERTIFICATION**

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.
2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official.
4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
5. Any changes to the approved documents will be filed with the Building Code Official.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official.
7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements.
8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*(2) SETS OF DETAILED CONSTRUCTION PLANS & (1) PDF SET MUST BE SUBMITTED WITH ALL APPLICATIONS.\***  
**ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL**  
**FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION**

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<b>PERMIT FEES</b>
Plan Review:
Permit & Inspection:
Municipality Admin:
State:
Total Permit Fee:

<b>PROJECT DATA</b>
Use Group: _____ Code Edition: _____
Construction Type: _____ Fire Sprinkler: <input type="checkbox"/> Y <input type="checkbox"/> N

<b>APPROVED PERMITS</b>
Zoning Permit No.: _____ NPDES Permit No.: _____
Sewage Permit No.: _____ Water/Well Permit No.: _____

Permit No.: _____ Approval Date: _____
Approved by: _____